


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N49008 1. Entity Name THE FLORIDA WIC ASSOCIATION, INC.	
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Principal Place of Business MCHD-WIC/L. BOWZER 3441 SE WILLOUGHBY BLVD STUART, FL 34994 US	Mailing Address FLORIDA WIC ASSOCIATION INC PO BOX 1864 SANTA ROSA BEACH, FL 32459 US
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01252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3137144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWZER, LEAH
 MARTIN COUNTY HEALTH DEPT
 3441 SE WILLOUGHBY BLVD
 STUART, FL 34994

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BOWZER, LEAH 3441 SE WILLOUGHBY BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWHEAD, CLARA 10841 LITTLE RD. NEW PORT RICHEY, FL 346542533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISTLER, SUSAN 1290 GOLFPVIEW AVE 4TH FLOOR BARTOW, FL 338306740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, CINDY 416 W. MAIN STREET TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENNINGER, CLAIRE 597 W. 11TH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000893178
04/23/08-80096-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leah Bowzer Leah Bowzer January 25, 2008 (772) 221-4000 X 2159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #